



Krista L. MacDougall LMP/CPMT, LE
Phone: 206.356.7616
E-mail: healingrootsmassage@hotmail.com
3400 Harbor Ave SW. #404 Seattle, WA 98126

CONFIDENTIAL CLIENT INTAKE

Name: _____ Date: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Occupation: _____

EMERGENCY CONTACT: _____

Name: _____

Relationship: _____ Phone: _____

GENERAL HEALTH INFORMATION: _____

Have you ever received a professional massage or other forms of bodywork? YES NO

When was your last massage session or bodywork session? _____

What are your expectations for today's treatment session?

Do you have any long term goals/expectations from receiving massage therapy?

Are you currently under the care of a health care practitioner? YES NO

If YES, please explain: _____

Name: _____

Address: _____ Phone: _____

List any current medications, supplements, herbs:

List and date any surgeries, illnesses, injuries still affecting you, including old or new MVA:

HEALTH HISTORY:

Please check any issues you are experiencing in the following areas.

We will discuss in detail prior to treatment.

Please indicate if your discomfort is chronic or acute, current or prior

NOTES

Heart: high/low blood pressure clots varicose veins other

Respiratory: asthma allergies sinus issues other

Skin: rashes bruises fungus herpes other

Digestive: IBS ulcers constipation other

Nervous: pinched nerve numbness stroke shingles other

Muscular/joint: sprains/strains back(specify) neck/head/jaw/TMJ
 arms/hands/shoulders legs/feet arthritis tendonitis/bursitis

Reproductive: pregnancy PMS prostate fibroids other

General Conditions: cancer headaches/dizziness infections/inflammation/swelling

chronic fatigue anxiety/stress sleep disorders diabetes

fibromyalgia fever contagious disease

sensitivities/allergies to essential oils, almond, jojoba, coconut oils

other

If you have checked "other" in any of the above category, please explain:

As a Massage Practitioner, I am responsible for providing you a safe and quality treatment. A massage therapist must be aware of any existing physical conditions that I have. Therefore, I have listed all my known medical conditions and physical limitations, I will inform Krista L. MacDougall, LMP/LE of any changes.

A massage therapist does NOT diagnose, I understand I am responsible for consulting a qualified ND or MD for any questionable medical conditions. I agree to give 24 hours notice if I need to cancel an appointment. If I fail to do so, Krista L. MacDougall, LMP will bill me for the amount of the missed appointment. Payment is due at the time of service (check/cash). Krista L. MacDougall has the right to stop or refuse services to any client if she feels necessary.

Thank You for choosing Healing Roots Massage, Krista L. MacDougall LMP for your professional massage services today, it is an honor to facilitate your healing journey! ENJOY YOUR TIME TO UNWIND AND LET GO...RELAX, RELEASE, RELIEVE

By signing below, You are agreeing to accept the above stated information and fully understanding these terms.

Signed:

Date: